

Alternatives to Abortion Invoice

Contract #	<u>CS170042001</u>	Vendor Name:	<u>Alliance for Life - Missouri</u>
Vendor Number:	<u>46048968600/MB00092773</u>	Vendor Address:	<u>P.O. Box 65</u>
			<u>Greenwood, MO 64034</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 486,098.50	\$ -	\$ 97,219.70
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 97,219.70
Allocation Remaining		\$ 388,878.80

Signature: _____

Inc
